

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James T. Barnes</i>		Town <i>Long</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Long</i>		Month <i>9</i>		Day <i>1</i>		Age <i>9</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Long,</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>"</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles C. Barnes</i>		Father's Birthplace <i>Carroll Co.</i>					
Mother's Maiden Name <i>Daisy A. Bloom</i>		Mother's Birthplace <i>Carroll Co.</i>					
Name of person giving Information <i>Charles C. Barnes</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Etiitis</i>	How long <i>two days</i>
Immediate <i>Convulsions.</i>	How long <i>twelve hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. T. Prout.</i>
	Address <i>Taylorville. Md</i>
Accident or Suicide?	

Evangelist.

Name  
in  
Full

Sadie Byrnes

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Sykesville<sup>County</sup> Carroll

MARYLAND

Date of death 190 <sup>Month</sup> Sept.<sup>Day</sup> 21<sup>st</sup>Age <sup>Years</sup> 20

Months

Days

Sex Female

Color or Race white

Birth-place New York.

Occupation None

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband —

Father's Name John Byrnes

Father's Birthplace Ireland

Mother's Maiden Name Mary A Johnson

Mother's Birthplace "

Name of person giving information Mary A. Byrnes

How related to deceased Mother —

## CAUSES OF DEATH

Primary Epilepsy

How long 7 yrs —

Immediate Status Epilepticus

How long 5 days —

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician Charles J. Hill.

Address Springfield State Hosp.

Accident or Suicide? No —

Sykesville Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Edward Edbert Cornelius

CERTIFICATE OF DEATH

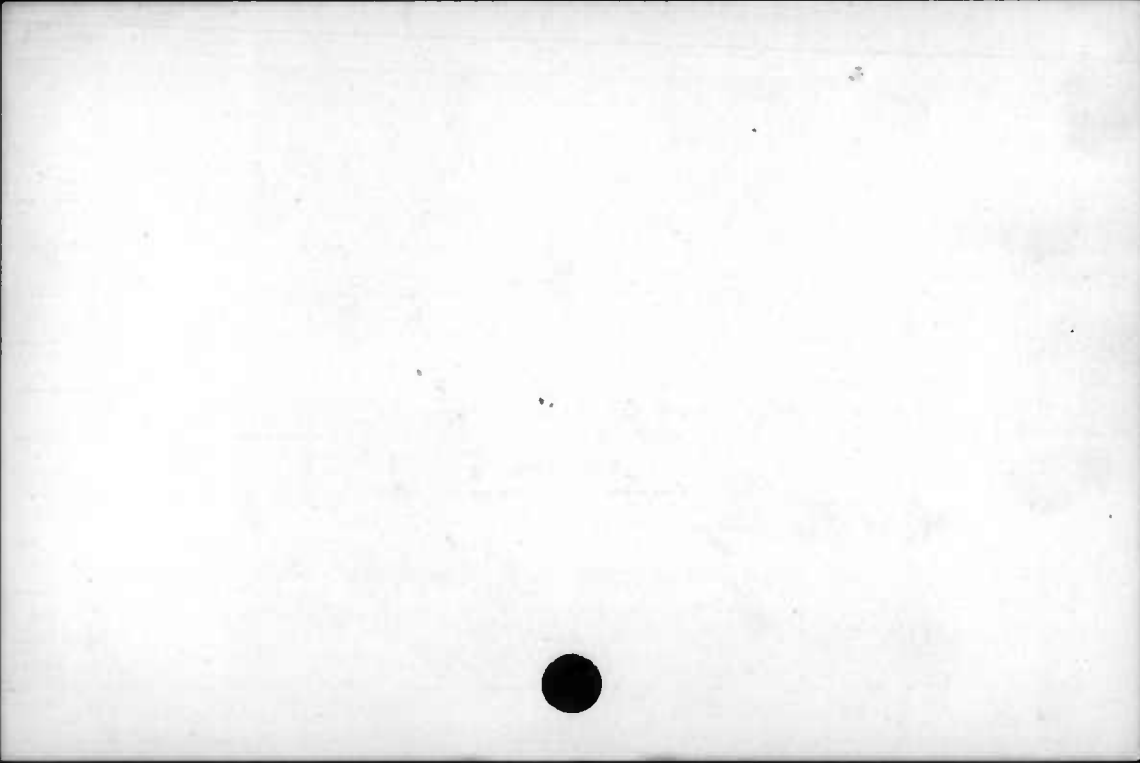
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Ridgville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>35</i>	Years <i>35</i>
Sex <i>Male</i>	Color or Race <i>white American</i>			Birth-place <i>Ohio</i>	
Occupation <i>Stone Mason</i>			Where Residing if not at place of death <i>Orroville Ohio</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>D. W. Cornelius</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Rebecca Chubb</i>			Mother's Birthplace <i>Ohio, Ashland</i>		
Name of person giving information <i>D. A. Cornelius</i>			How related to deceased <i>Brother</i>		

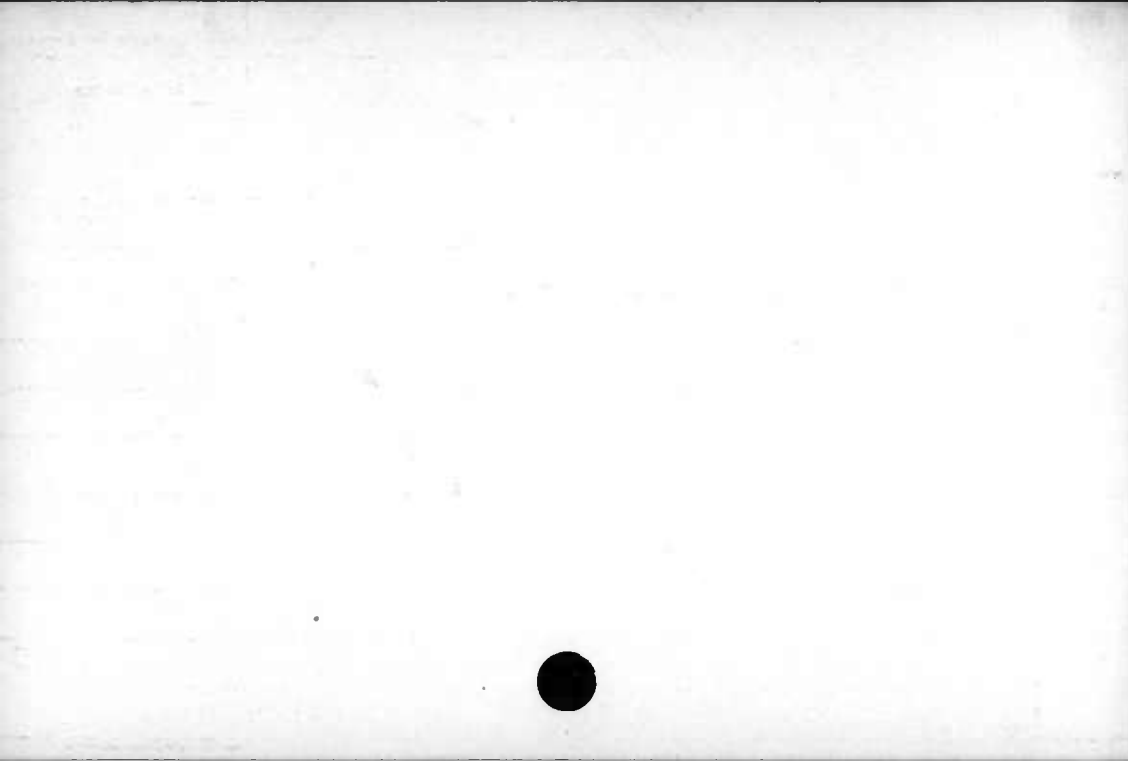
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Thoracic Aneurism</i>	How long <i>6 weeks</i>
Immediate <i>Internal Hemorrhage</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Brownell</i>
	Address <i>W. Va. Ind</i>
Accident or Suicide? <i>J</i>	



Name In Full		Anna Ellen Crowl				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Green Mills</i>		County <i>Carroll</i>		MARYLAND	
		Date of death		1905		Month <i>September</i> Day <i>11</i>		Age <i>2</i> Years Months <i>8</i> Days <i>9</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
		Occupation		Where Residing If not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		<i>Charles Crowl</i>				Father's Birthplace <i>Maryland</i>	
		Mother's Maiden Name		<i>Emma Fuess</i>				Mother's Birthplace <i>"</i>	
		Name of person giving information						How related to deceased	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER		Primary		<i>Accident</i>				How long <i>10 Days</i>	
		Immediate		<i>Brain Prostration</i>				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>John S. Stewart</i>			
				Address		<i>Green Mills Md</i>			
		Accident or Suicide?							





Name  
in  
Full

Mary A. Eckeroode.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pawcaton		County Carroll		MARYLAND	
Date of death		1905	Month 9	Day 19	Age Years 75	Months	Days
Sex Female		Color or Race white		Birth- place Md.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		married		Name of Wife or Husband Gobias H. Eckeroode			
Father's Name		Andrew Hulme		Father's Birthplace		md.	
Mother's Maiden Name		Recheal Beck		Mother's Birthplace		md.	
Name of person giving In formation		J. H. Eckeroode.		How related to deceased		Husband.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mitral & Tricuspid Insufficiency		How long about 1 year	
Immediate Heart-failure		How long 18 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. H. Swiss.	
		Address Pawcaton.	
		Md.	
Accident or Suicide?			



Name  
in  
Full

Madison Nelson Edwards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>64</i>	Years <i>7</i>	Months <i>23</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Westminster</i>	
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Francis Anna Edwards</i>			
Father's Name <i>John Edwards</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Ellen Smith</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Francis Anna Edwards</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastritis - Nephritis</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas R. Couch M.D.</i>	
		Address <i>Westminster Md</i>	
Accident or Suicide? <i>—</i>			

Storia  
Eldorado

Name  
in  
Full

Rachel Frock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Near Pleasant Valley* Town

County

*Carroll*Date  
of death *1905-*

Month

*9*

Day

*16*

Age

Years

*86*

Months

*11*

Days

*24*

Sex

*Female*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*—*Where Residing if not  
at place of death*Near Pleasant Valley*Married, Single  
or WidowedName of Wife or  
Husband*Jacob Frock*Father's  
Name*Jacob Hahn*Father's  
Birthplace*Ind*Mother's  
Maiden Name*—*Mother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Senile*

How long

Immediate

*Degeneracy*

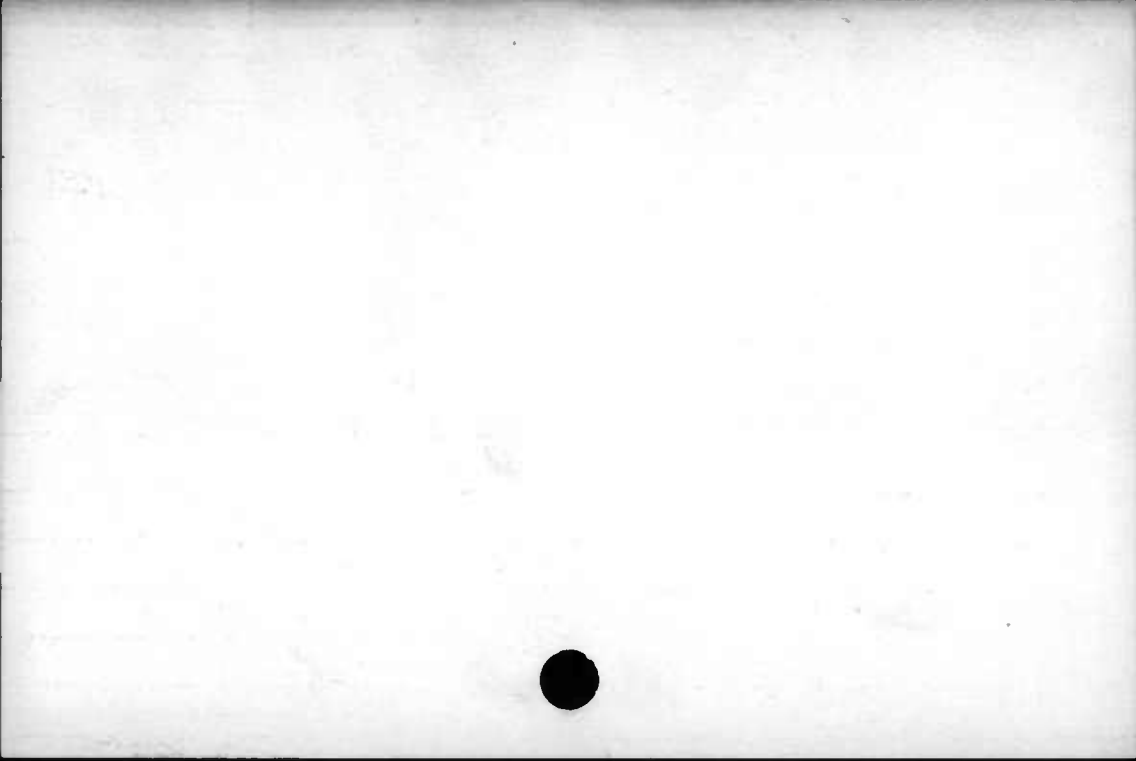
How long

*18 months*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Dr. J. S. Marshall*

Address

*Silver Run Ind.*

Accident or Suicide?



Name in Full

Certificate of Death

Mrs. Emma Sedona Fuhrman.

Town

County

Died at Hampstead Carroll

MARYLAND

1906-

Month

Day

Y.

M.

D.

Native of

Occupation

Date ~~1906~~ September 21 Age 47. 2-8 Hampstead~~Male~~

White

Married

~~Widow~~~~Single~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

5

Wife of Geo. P. Fuhrman

Father's

Mother's

Name

Name

Cause of Primary

Pulmonary Phtisis

How long sick

Six weeks

Death Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON





Name  
in  
Full

Olin R. Gibson

## CERTIFICATE OF DEATH

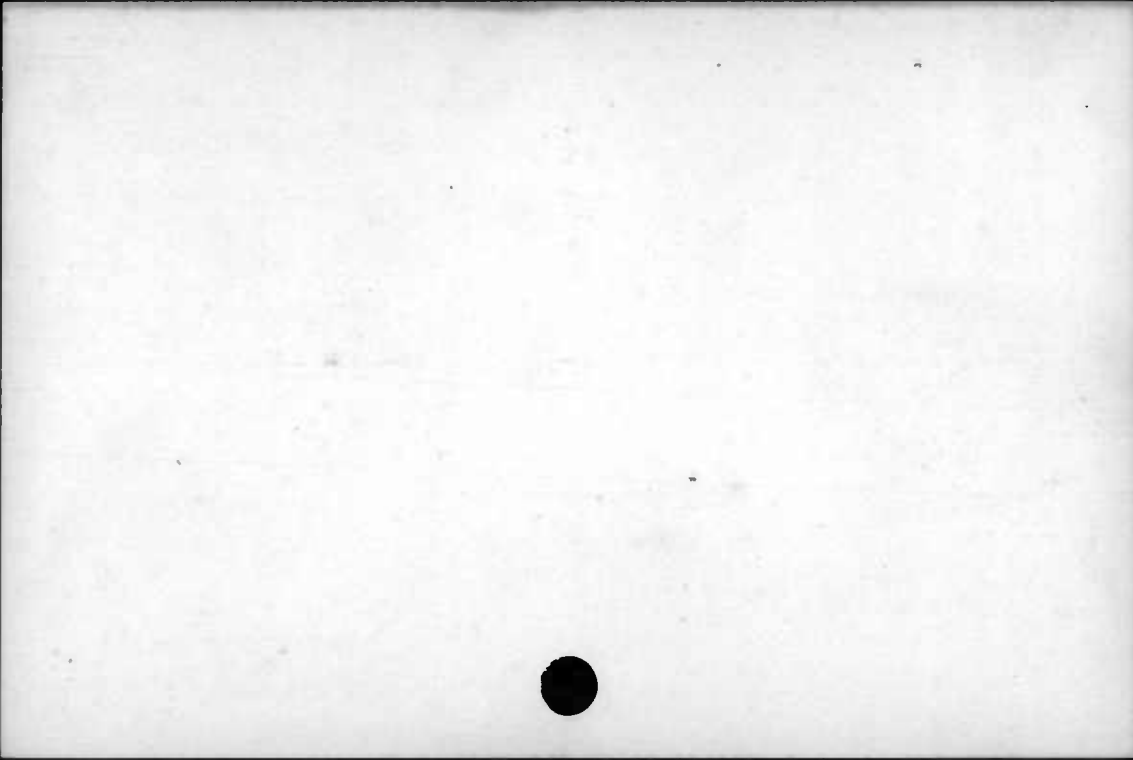
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>9<sup>th</sup></i>	Day <i>7<sup>th</sup></i>	Age <i>31</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Chas. Gibson</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Rachel Rose</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Hospital Records</i>	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>28 days.</i>
Immediate <i>Peritonitis</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge.</i>	Signature of Physician <i>W. Henry Fisher</i>
Accident or Suicide? <i>No.</i>	Address <i>Seykesville Ind.</i>



Name  
in  
Full

Ellen Maree Harris

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Westminster

<sup>County</sup> Carroll

Date of death 1905 <sup>Month</sup> Sept

<sup>Day</sup> 15

<sup>Years</sup> Age

<sup>Months</sup> 10

<sup>Days</sup> 17

Sex Female

Color or Race White

Birth-place Carroll Co. Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Harry C. Harris

Father's Birthplace Carroll Co. Md

Mother's Maiden Name Ellen Toite

Mother's Birthplace

Name of person giving information Harry C. Harris

How related to deceased Father

CAUSES OF DEATH

Primary

Dentition - enteritis

How long 6 days

Immediate

Convulsions -

How long 16 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas R. Ford MD  
Westminster  
Md.

Accident or Suicide

LIBRARY BUREAU 468816

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Stoner

Meadow Branch

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Maggie E Harris</b>		Town <b>Shirksburg</b>		County <b>Carroll</b>		State <b>MARYLAND</b>	
Died at <b>Shirksburg</b>		Month <b>Sept</b>		Day <b>11</b>		Age <b>17</b>	
Date of death <b>1905</b>		Years <b>17</b>		Months <b>4</b>		Days <b>6</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>			
Occupation <b>None</b>		Where Residing if not at place of death <b>None</b>					
Married, Single or Widowed <b>Single</b>		Name of <del>Wife</del> Husband <b>Howard F. Harris</b>					
Father's Name <b>John E. Bloom</b>		Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>Mary E. Helwig</b>		Mother's Birthplace <b>Idaho</b>					
Name of person giving information <b>Howard F. Harris</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Typhoid Fever</b>	How long <b>4 weeks</b>
Immediate <b>Hemorrhage Perforation Bowels</b>	How long <b>24 hrs</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Chas. R. Fout M.D.</b>
	Address <b>Westminster Md.</b>
Accident or Suicide? <b>No</b>	

Shaner

Zinckburg

Name  
in  
Full

Mrs Bessie Hobbs

## CERTIFICATE OF DEATH

Town

County

Died at

Harry Wm

Carroll

MARYLAND

Date

of death

1905

Month

Sept

Day

22

Years

Age

30

Months

=

Days

=

Sex

Female

Color of

Hair

White

Birth-  
place

Ind

Occupation

House Wife

Where Residing if not  
at place of death

=

Married, Single

or Widowed

Name of Wife or  
Husband

Albert Hobbs

Father's  
Name

John Gorman

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Irene S. S. S. S.

Mother's  
Birthplace

U S

Name of person giving  
Information

Albert Hobbs

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

14 mos

Immediate

Failure of Respiration

How long

=

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Daniel R. Krueger

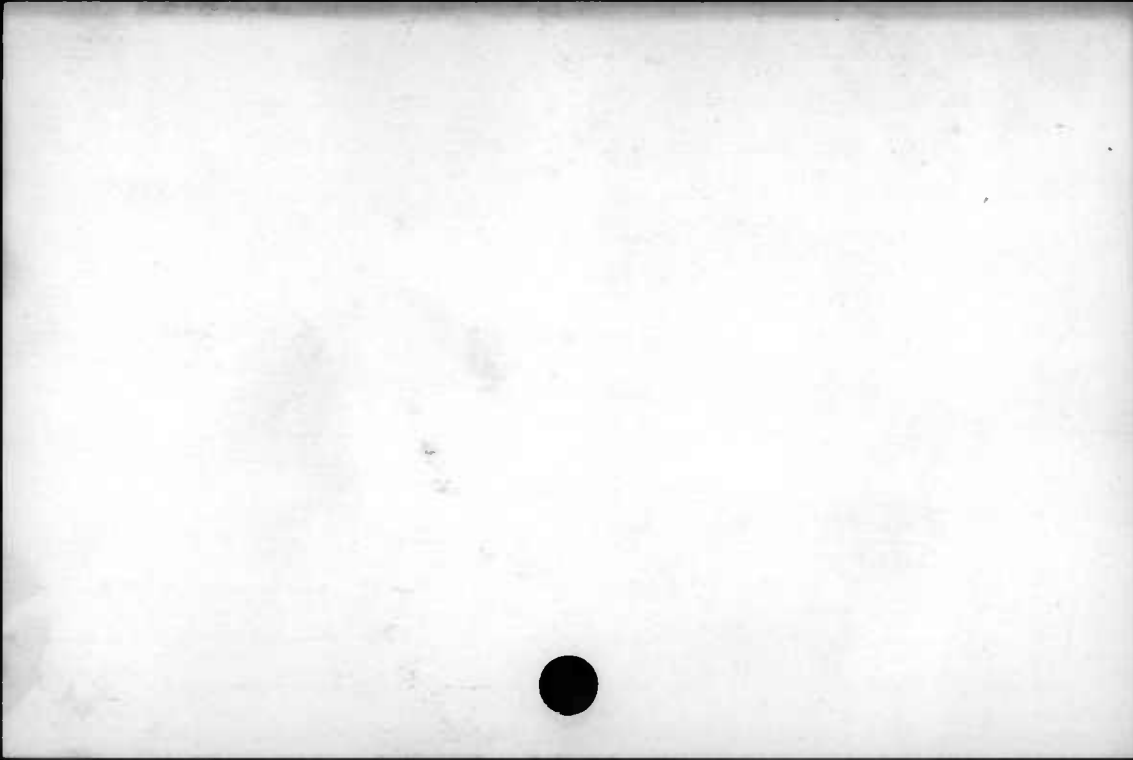
Address

Sykesville  
Ind

Accident or Suicide?

=

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name

in  
Full

## CERTIFICATE OF DEATH

George W. Hoffman

Town

County

MARYLAND

Died at Springfield Hospital

Date of death 1905 Sept

Day

5

Age

Years 44

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Penn.

Occupation

Farmer

Where Residing if not  
at place of deathMarried Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Paul J. Hoffman

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Matilda Lombard

Mother's  
Birthplace

Pa.

Name of person giving  
Information

Hospital records

How related  
to deceased

## CAUSES OF DEATH

Primary

Typhoid fever

How long

15 days

Immediate

Peritonitis

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

To best

Signature of  
Physician

Address

of my knowledge

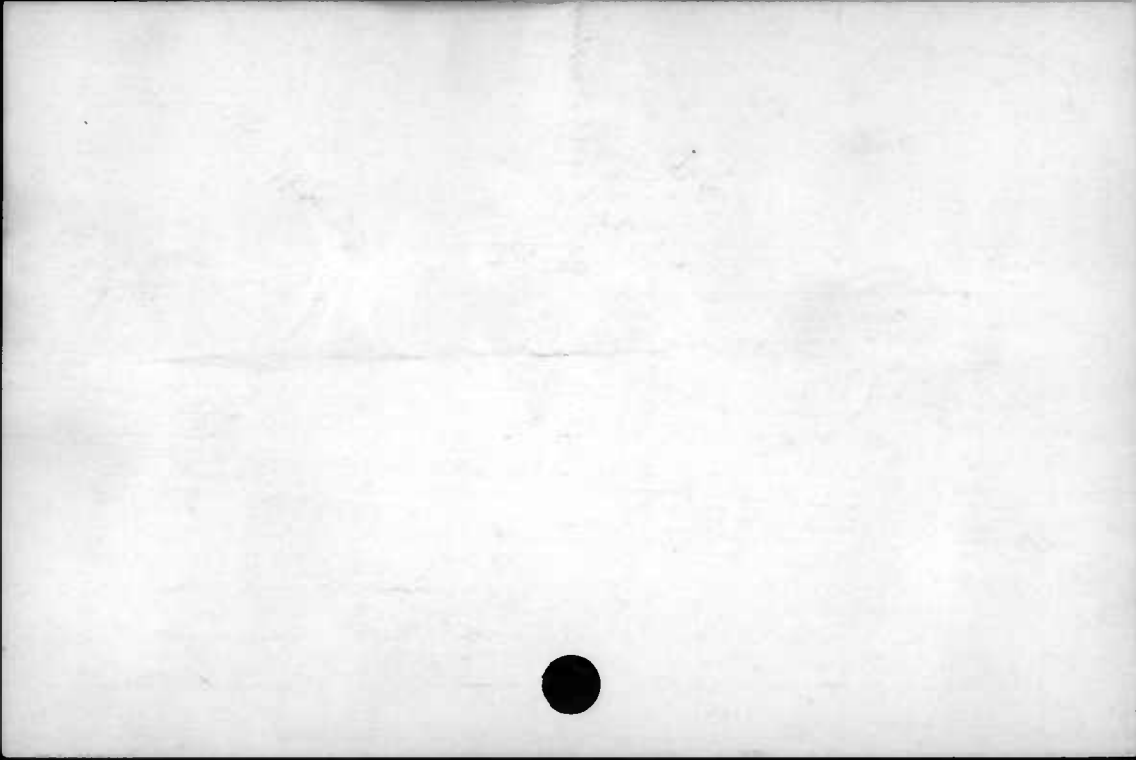
Chas J. Carey

Lytleville Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

William H Hollenberg

Town

County

Died at

Westminster

Carroll

MARYLAND

Date

of death 1905 Sept 9

Day

Age

Years

54

Months

4

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Elizabeth Shaeffer

Father's  
Name

John Hollenberg

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Barbara Kittabridge

Mother's  
Birthplace

Id

Name of person giving  
In formation

Elizabeth Hollenberg

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Concussion of brain

How long

Immediate

Shock

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident

William Moore

Accident or

Crown

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Shaver

Westminster Cemetery

Name in Full		Lola Ruth Horton				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Winfield	County Carroll	MARYLAND			
		Date of death		1905	Month 9	Day 13	Age	Years 2	
						Months 5	Days 24		
		Sex	Female		Color or Race	White		Birth-place	Maryland
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed	Single		Name of Wife or Husband				
		Father's Name	Charles H. Horton			Father's Birthplace	Winfield, Md.		
		Mother's Maiden Name	Viola J. Reaver			Mother's Birthplace	Unionville, Md.		
		Name of person giving information	Chas. H. Horton			How related to deceased	Father		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Cold			How long	4 days		
		Immediate	Bronchial Pneumonia			How long	3 days		
		Are the name, age, sex, color, date and place correctly given above?			yes				
		Signature of Physician			E. D. Cronk				
			Address						
			Winfield						
			Carroll Co., Md.						
		Accident or Suicide?							

Bailes,

Name  
in  
Full

*Nettie Hunter*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Westminster</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Year</small>		<i>Sept</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>1</i> <small>Months</small>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank Hunter</i>		Father's Birthplace <i>Westminster</i>			
Mother's Maiden Name <i>Mary Gower</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Frank Hunter</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>4 days</i>
Immediate <i>Same</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Mrs. Butts</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>—</i>	

Kriders



Name  
in  
Full

Amelia Junio

## CERTIFICATE OF DEATH

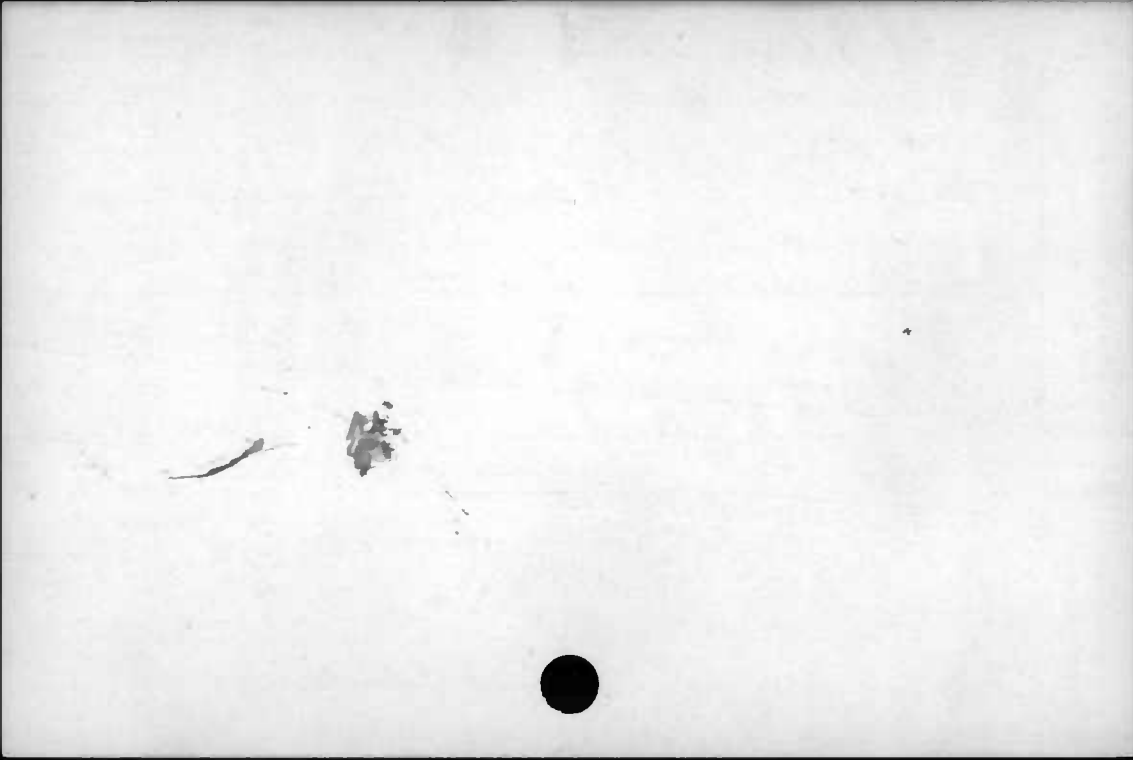
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sykesville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Month</small>	<i>Sept.</i> <small>Day</small>	<i>8<sup>th</sup></i> <small>Years</small>	<i>70</i> <small>Months</small>	<i></i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Teacher</i>		Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Unknown</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Spring Grove Hospital Authorities.</i>			How related to deceased	<i>-</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis.</i>	How long	<i>Over 5 years</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. J. C. Clark M.D.</i>
		Address	<i>Springfield Hospital, Sykesville, Carroll Co., Md.</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

*Catherine Mathias*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Bachman's mill* *Carroll* County

Date of death *1905* *Sept* *1* *81* Age *7* Months *14* Days

Sex *Female* Color or Race *White* Birth-place *Shrewsbury Pa.*

Occupation *Retired* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Samuel Mathias*

Father's Name *Jacob Wine* Father's Birthplace

Mother's Maiden Name *Susan Zepp* Mother's Birthplace

Name of person giving information *A. C. Bachman* How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *Coriac Arteriosclerosis* *79* How long *2 years*

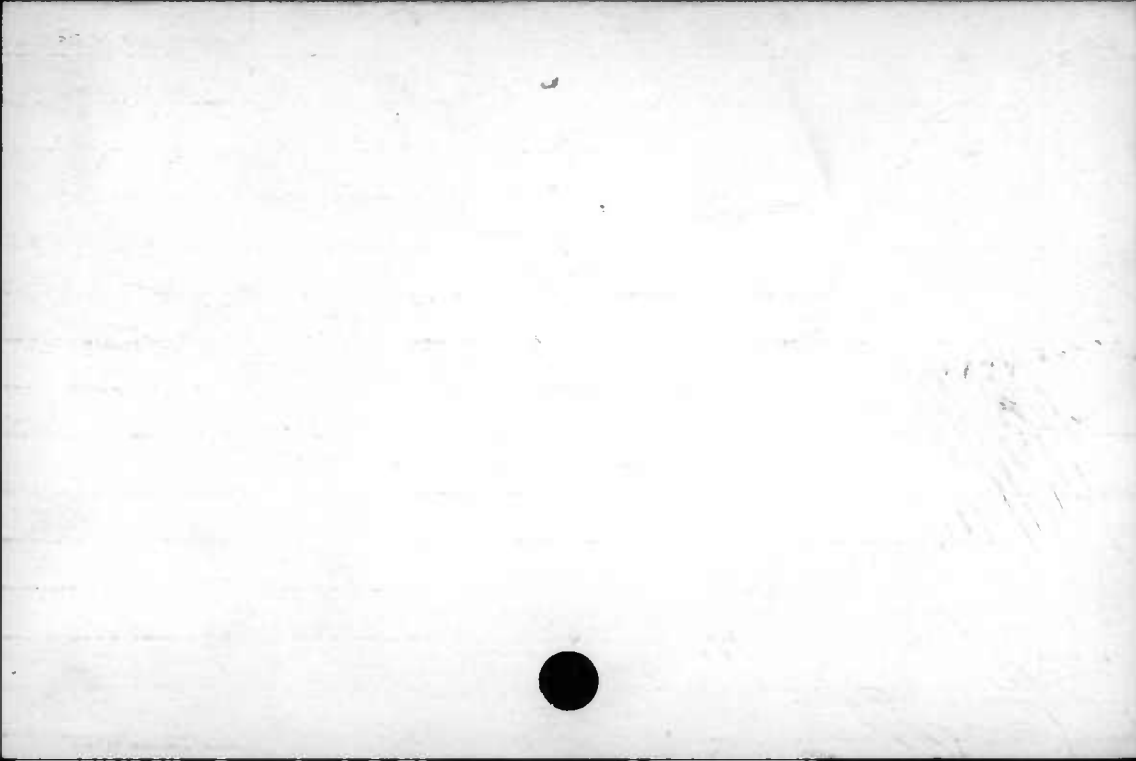
Immediate *Dropsy* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Sherman*

Address *Manchester*

Accident or Suicide?



Name  
in  
FullGeorge. Arthur  
TOWN

## CERTIFICATE OF DEATH

MARYLAND

Died at

Silver Spring

County

Lansall

Date

of death 1905

Month

September

Day

26

Years

Age

164

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
HusbandFather's  
Name

Not known

Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Senile Degeneration

How long

Immediate

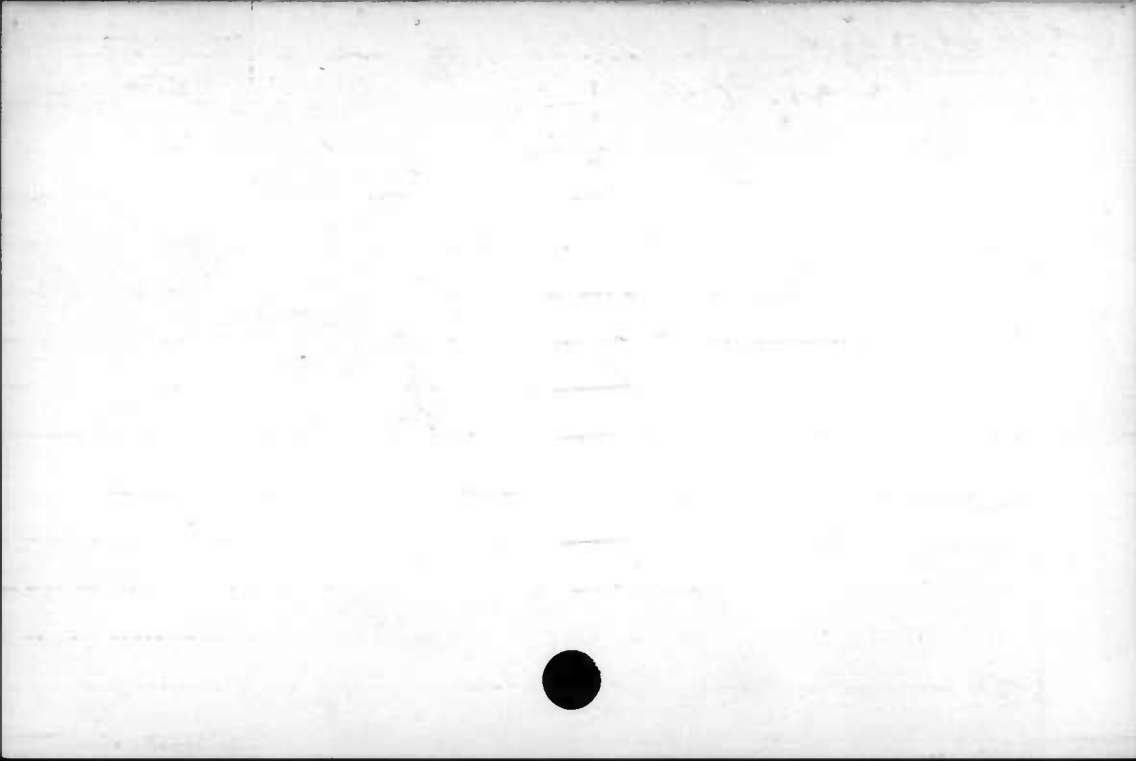
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

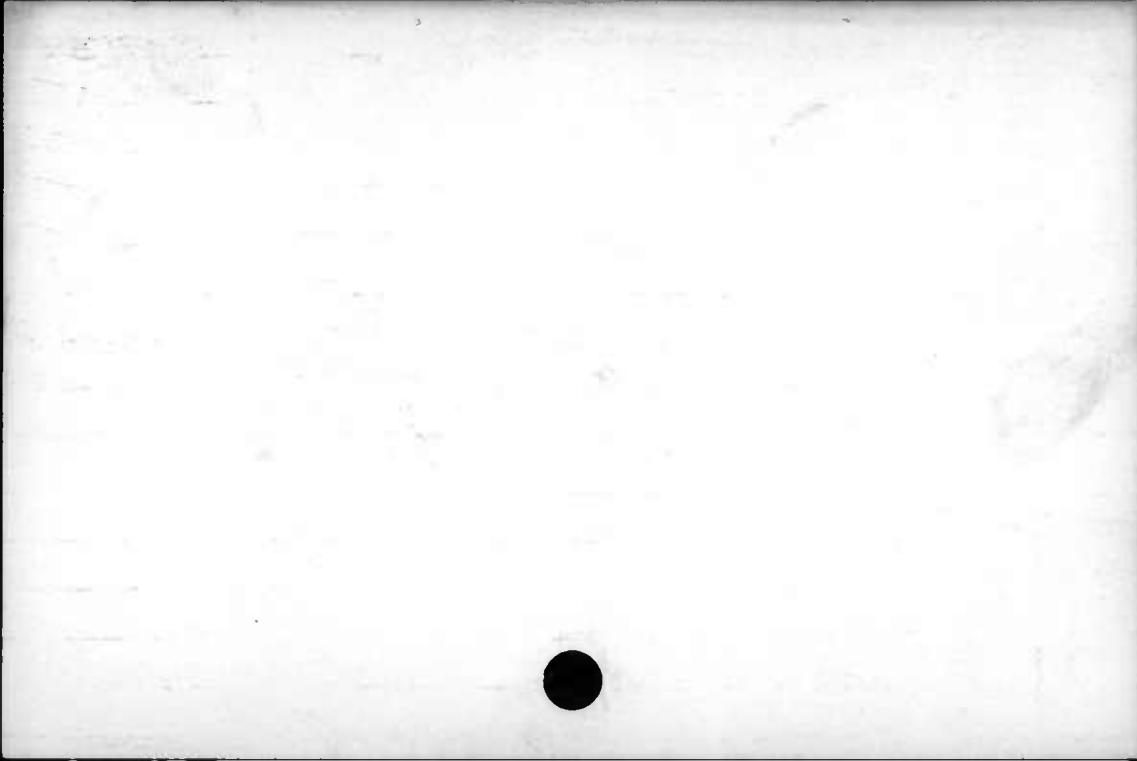
Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>Thomas Newman</b>		CERTIFICATE OF DEATH	
Died at <b>York Road</b> <small>Town</small>		<b>Carroll</b> <small>County</small>	
Date of death <b>1905</b> <small>Month</small> <b>Sept.</b> <small>Day</small> <b>11</b> <small>Age</small> <b>83</b> <small>Years</small> <b>2</b> <small>Months</small> <b>23</b> <small>Days</small>		MARYLAND	
Sex <b>Male</b>		Color or Race <b>White</b>	Birth-place <b>Franklin Co. Pa.</b>
Occupation <b>Retired -</b>		Where Residing If not at place of death	
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Catherine A. Ungell</b>		
Father's Name <b>Jesse S Newman</b>	Father's Birthplace <b>Hancock, Pa.</b>		
Mother's Maiden Name <b>Catherine Nahn</b>	Mother's Birthplace		
Name of person giving information <b>Catherine A Newman</b>	How related to deceased <b>wife</b>		
CAUSES OF DEATH			
Primary <b>General debility</b>	How long		
Immediate <b>Diarrhoea</b>	How long <b>3 weeks</b>		
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>C. H. Dickel</b>		
<b>Mount Union</b>	Address <b>S. P. Excel</b>		
Accident or Suicide? <b>—</b>	<b>md-</b>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William Bohnea Nygren</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Westminster</i>		Month <i>Sept</i>		Day <i>26</i>		Age <i>8</i>	
Date of death <i>1905</i>		Years <i>8</i>		Months <i>8</i>		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Bohnea C Nygren</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Lillian May Lindsay</i>		Mother's Birthplace <i>Idaho</i>					
Name of person giving information <i>W. C. Nygren</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>3 days</i>
Immediate <i>Convulsions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i></i>	Signature of Physician <i>H. D. Wells</i>
	Address <i>Westminster</i>
Accident or Suicide? <i></i>	

Shaver

Westminster, Colorado

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1901</i>	<i>Sept.</i> <sup>Month</sup>	<i>4</i> <sup>Day</sup>	<i>1</i> <sup>Age</sup>	<i>2</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co. Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>William Rosebarger</i>		Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i></i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>William Rosebarger</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>cholera infantum</i>	How long <i>5 days</i>
Immediate <i>collapse</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Matthews</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

St. Johns - cemetery

Stones

Name  
in  
Full

George J. Sadtler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Springfield Hospital*

Town

*Carroll*

County

MARYLAND

Date of death *1905* *Sept*

Month

Day *11*Age *22*

Years

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Md.*

Occupation

*Clerk*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Frank R. Sadtler*Father's  
Birthplace*Md*Mother's  
Maiden Name*Ida Hill*Mother's  
Birthplace*N. C.*Name of person giving  
Information*Hospital records*How related  
to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Typhoid fever*

How long

*37 days*

Immediate

*Intestinal hemorrhage*

How long

*2 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Chas. J. Carey*  
*Lytleville Md.*

Address

Accident or Suicide?

*no*



Name  
in  
Full

Lewis J. Shaner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>San Francisco</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>—</i>	Months <i>4</i>	Days <i>6</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George J. Shaner</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Bessie B. Arnold</i>		Mother's Birthplace <i>Idaho</i>			
Name of person giving information <i>George J. Shaner</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chorea Infantum</i>	How long <i>3 weeks</i>
Immediate <i>Ephorism</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>One D Weeks</i>
	Address <i>Westminster</i>
Accident or Suicide?	

cells

Shannon

Sandmann -



Name  
in  
Full

Shuckles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Arundale</u> <small>Town</small>		<u>Carroll Co</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>12</u> <small>At</small> <u>7 months - premature</u> <small>Months</small> <u>5</u> <small>Days</small>					
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Arundale</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Christopher Shuckles</u>		Father's Birthplace <u>Carroll Co</u>			
Mother's Maiden Name <u>Sarah Myers</u>		Mother's Birthplace <u>Carroll Co</u>			
Name of person giving information <u>Father</u>		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Malformation</u> <u>✓</u> <u>(51)</u>	How long <u>Lived 5 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Gelbman</u>
	Address <u>Ten Windsor</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

*Immature Child (Smith) M. M.*

CERTIFICATE OF DEATH

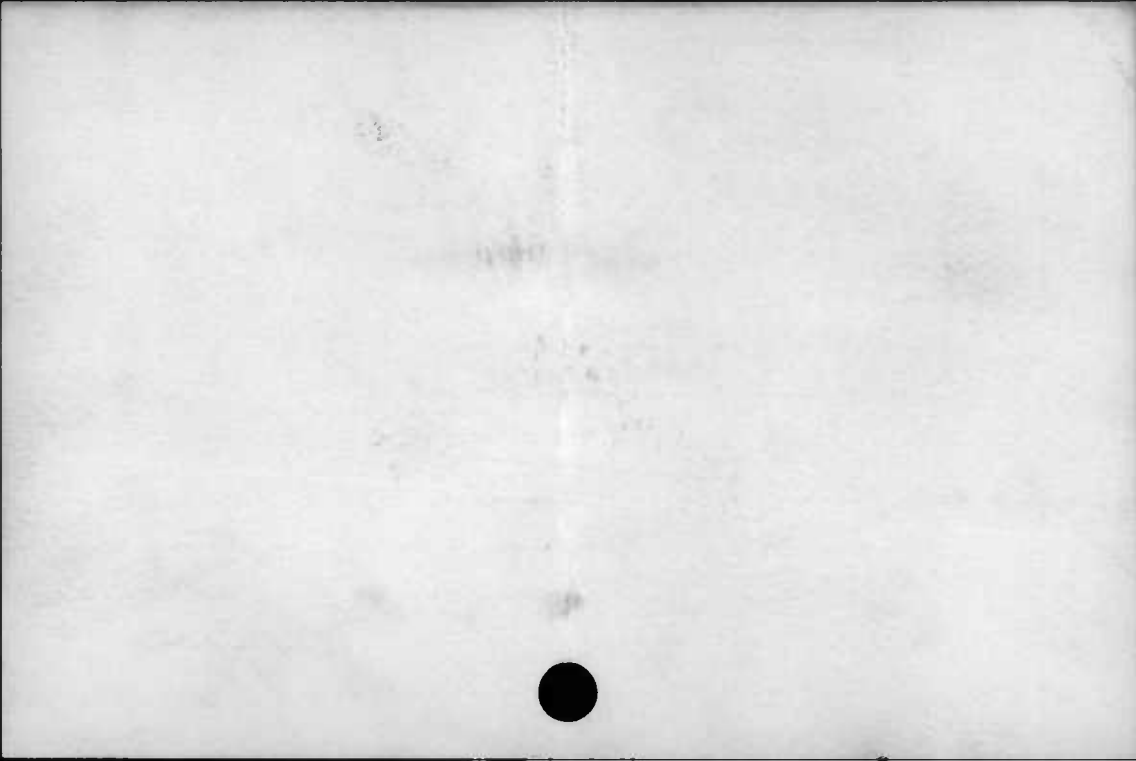
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oakland</i>		Town <i>Oakland</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>5</i>		Month <i>Sept.</i>	Day <i>18</i>	Age <i>—</i>		Months <i>—</i>	Years <i>4 years</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Oakland, Md.</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Chas H. Smith</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Ida May Jones</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving In formation <i>Chas H. Smith</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Immature Birth</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. H. Ward, M.D.</i>	
		Address <i>Sharsinville, Md.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Ernest M. Hardy Smith

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Slacks Corner

Carroll

Date

1905

Month

Sept

Day

2nd

Age

Years

Months

6

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Carroll Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Henry Smith

Father's  
Birthplace

St Mary's County

Mother's  
Maiden Name

Maggie Collins

Mother's  
Birthplace

St Mary's Co -

Name of person giving  
In formation

Harvey Smith

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Rickets -

How long

5 Weeks

Immediate

Fracture of Nervous System

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Daniel B. Frecker  
Sykesville  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Jeremiah H. Smith

## CERTIFICATE OF DEATH

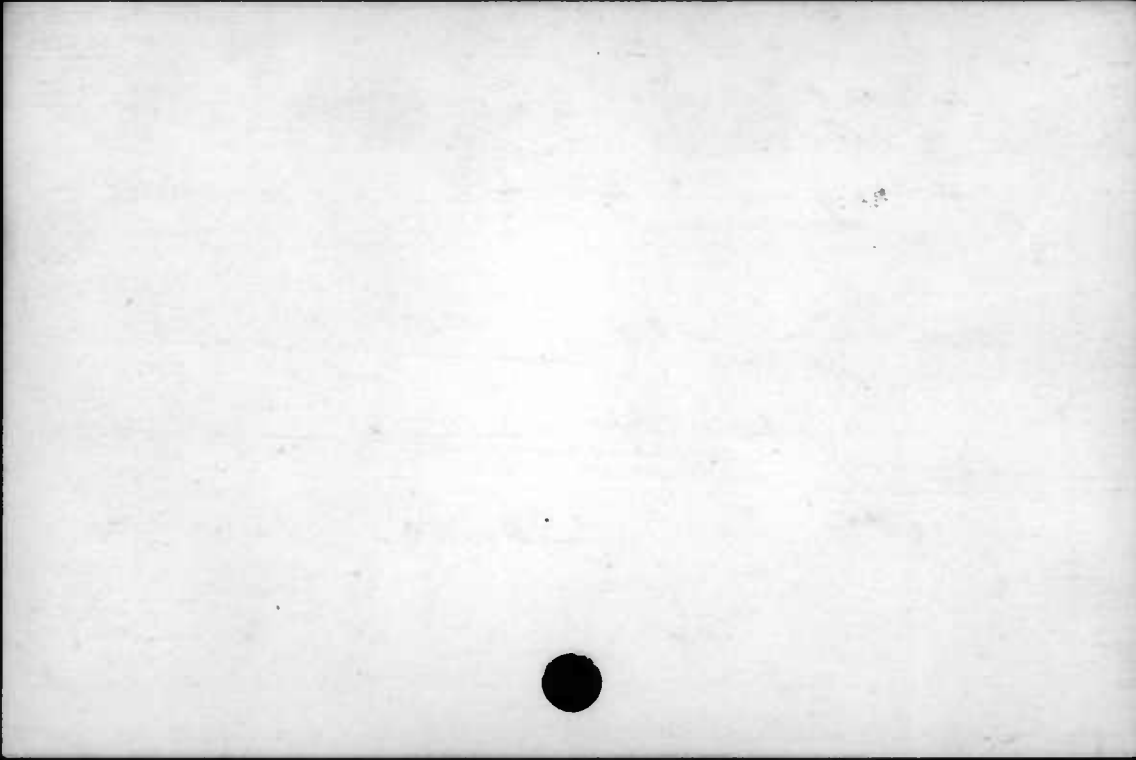
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Manchester</i> <sup>Town</sup>			County <i>Carroll</i>			MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>12</i>	Age <i>70</i>	Years	Months <i>10</i>	Days <i>26</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Hampstead</i>			
Occupation <i>farmer</i>			Where Residing if not at place of death <i>Baltimore near Hampstead</i>				
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Mary C. Smith</i>					
Father's Name <i>Peter B. Smith</i>				Father's Birthplace <i>na</i>			
Mother's Maiden Name <i>Elizabeth Thresher</i>				Mother's Birthplace <i>na</i>			
Name of person giving information <i>William H. Walker</i>				How related to deceased <i>son in law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hypertrophy of Heart</i>	How long <i>3 months</i>
Immediate <i>droping</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Sherman M.D.</i>
	Address <i>Manchester Ind</i>
Accident or Suicide?	





Name  
in  
Full

Mary C. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sykesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1905	Month 9	Day 18	Age 41	Months - Days -
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death -		
Married, <del>Single</del> <i>Married</i>	Name of Husband <i>Frederick G. Smith</i>				
Father's Name <i>George Frischmann</i>	Father's Birthplace <i>S</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>S</i>				
Name of person giving In formation <i>Frederick G. Smith</i>				How related to deceased <i>Husband</i>	

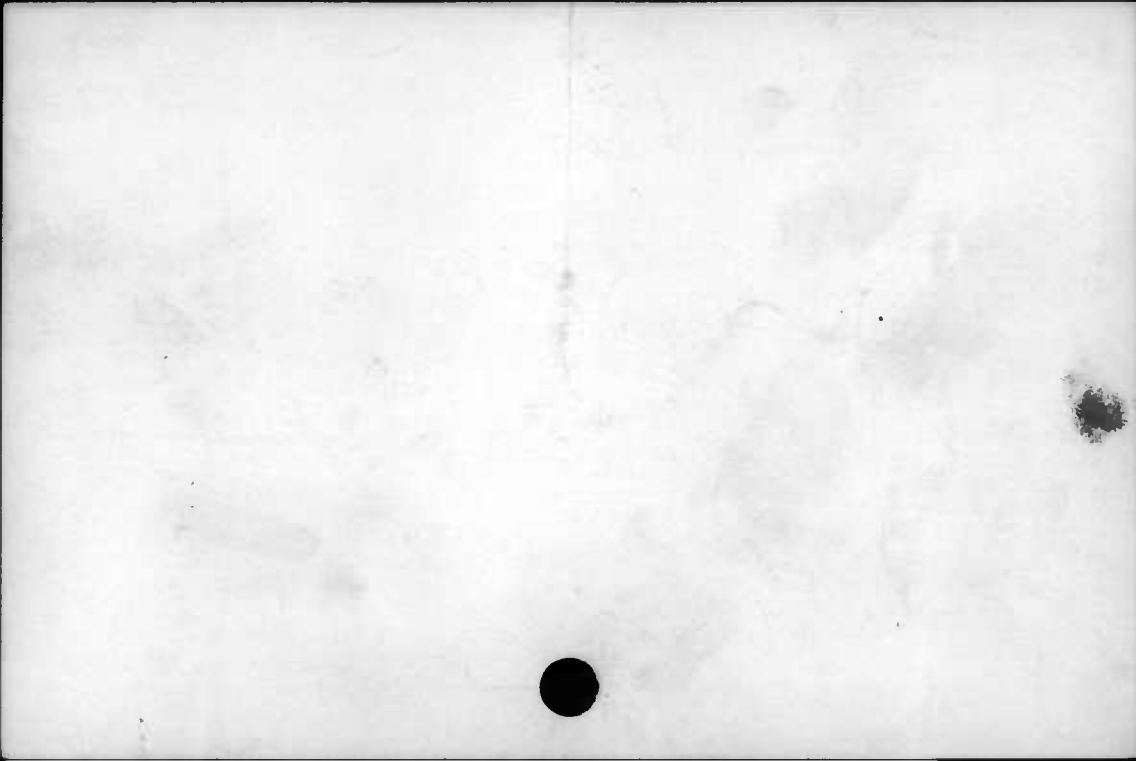
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>over 14 months</i>
Immediate <i>Uremic Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M. D.</i>
	Address <i>Springfield Hospital</i>
Accident or Suicide? <i>No</i>	<i>Sykesville Carroll Co. Md</i>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Name <i>James Stewart</i>		Town <i>Springfield Hospital</i>		County <i>Carroll</i>
	Died at <i>Springfield Hospital</i>		State <i>MARYLAND</i>		
	Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>29</i>	Age <i>47</i>	Months <i></i> Days <i></i>
	Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i></i>		
	Occupation <i>Farmer</i>	Where Residing if not at place of death <i></i>			
	<del>Married</del> or Widowed	Name of Wife or Husband <i>Mary Frances Stewart</i>			
	Father's Name <i></i>	Father's Birthplace <i></i>			
Mother's Maiden Name <i></i>	Mother's Birthplace <i></i>				
Name of person giving information <i>Hospital record.</i>	How related to deceased <i></i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>General Paralysis</i>		How long <i>5</i>	
	Immediate	<i>Cerebral edema</i>		How long <i>2 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>To best</i>		Signature of Physician <i>Chas. J. Conroy</i>		
	<i>of my knowledge</i>		Address <i>Sykesville Md</i>		
	Accident or Suicide? <i>no</i>				



Name  
in  
Full

Mary Stonerifer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Sept.	12	71	—	—	
Sex	Female		Color or Race	White		Birth-place	
Occupation	Laborer		Where Residing if not at place of death		Carroll Co. Md		
Married, Single or Widowed	Widow		Name of Wife or Husband		—		
Father's Name	Doubt Known		Father's Birthplace		—		
Mother's Maiden Name	—		Mother's Birthplace		—		
Name of person giving information	7		How related to deceased		—		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease	How long	Ten minutes
Immediate	Shock Failure	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Jno D. Mathias	
		Address	
		Westminster	
		Md-	
Accident or Suicide?			

12

Union Mills

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John P. Vaughan* Town *Carroll* County *Carroll* MARYLAND

Died at *Carroll*

Date of death *1905* Month *Sept* Day *5* Age *47* Years *10* Months *20* Days

Sex *Male* Color or Race *White* Birth-place *Balto Co = 28*

Occupation *Carder* Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of Wife or ~~Husband~~ *Rhebe Vaughan*

Father's Name *John P. Vaughan* Father's Birthplace *Don't know*

Mother's Maiden Name *Margaret Parker* Mother's Birthplace *Balto Co*

Name of person giving information *Jim B. Vaughan* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

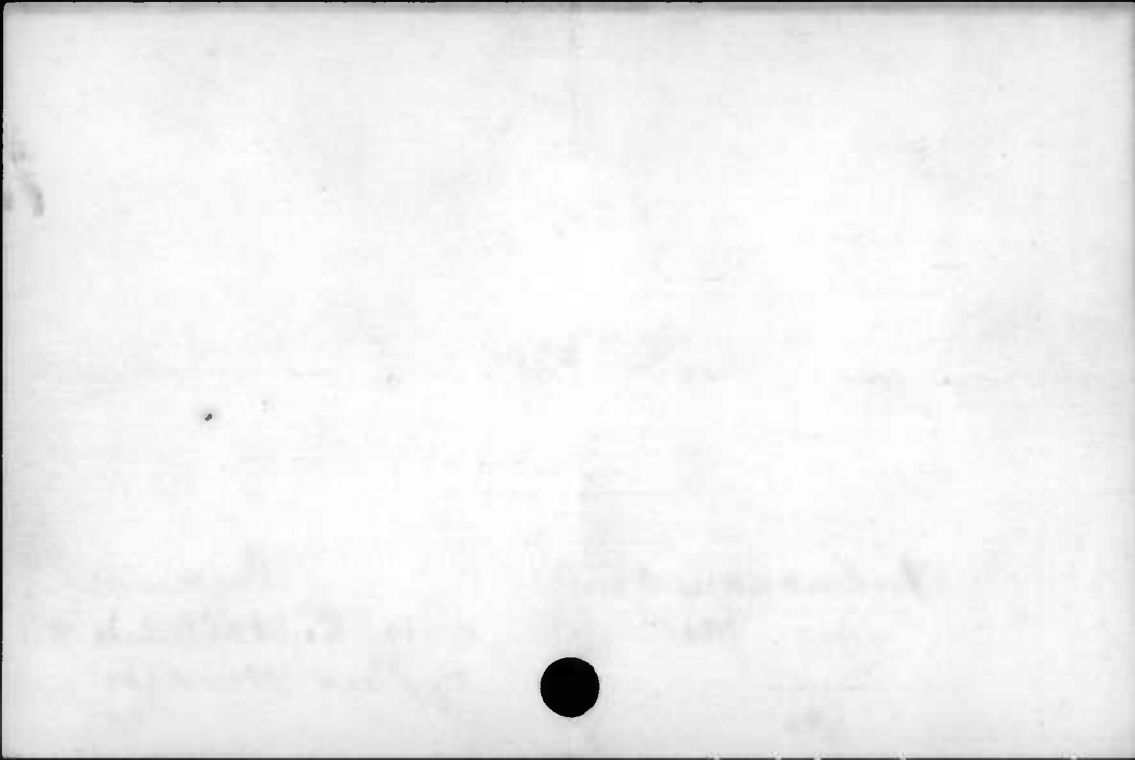
Primary *Heart Failure* How long *179*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. H. Wells MD*

Address *Starnesville Ind*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

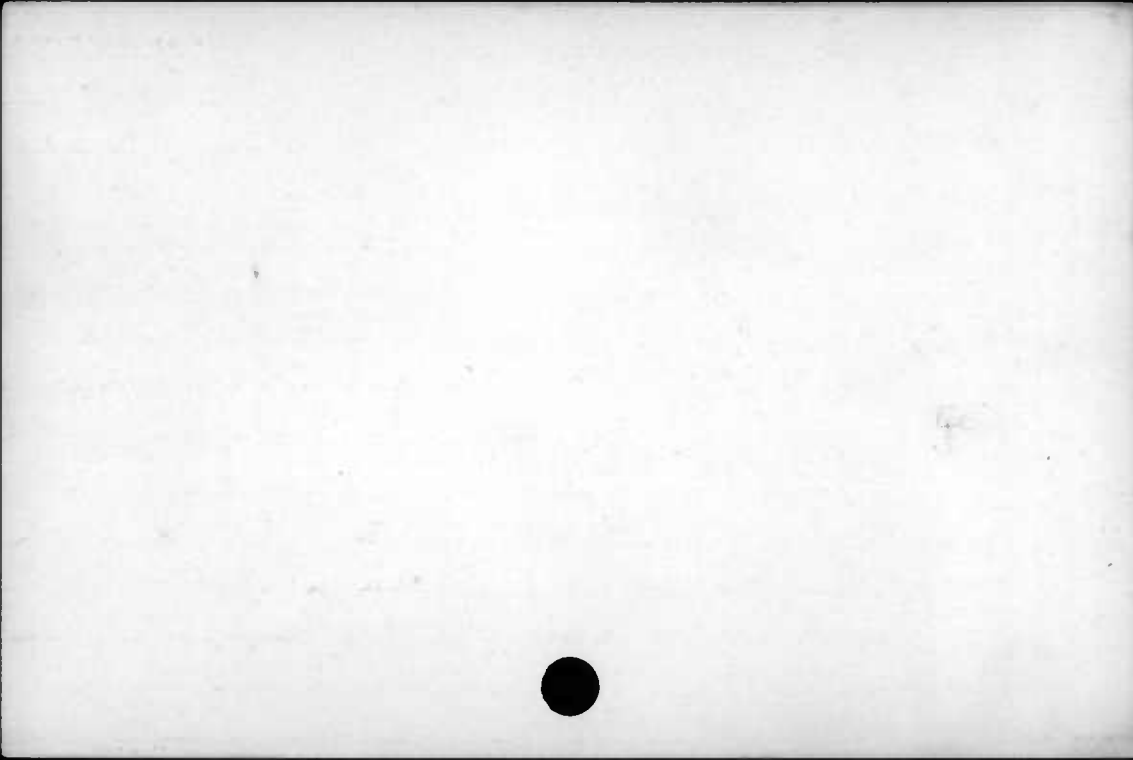
MARYLAND

Name <i>Jacob Andrew Warner</i>		Town <i>Oak Orchard</i>		County <i>Carroll</i>			
Died at							
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>48</i>	Years	Months <i>8</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>W</i>		Birth- place <i>md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Oak Orchard</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>John Adam Warner</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Susan Fisher</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>David E. Hens</i>		How related to deceased <i>—</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Pulmonary Hens.</i>	How long <i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ira E. Whitehill M.D.</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide? <i>A</i>	



Name  
in  
Full •

Dressa Werner

CERTIFICATE OF DEATH

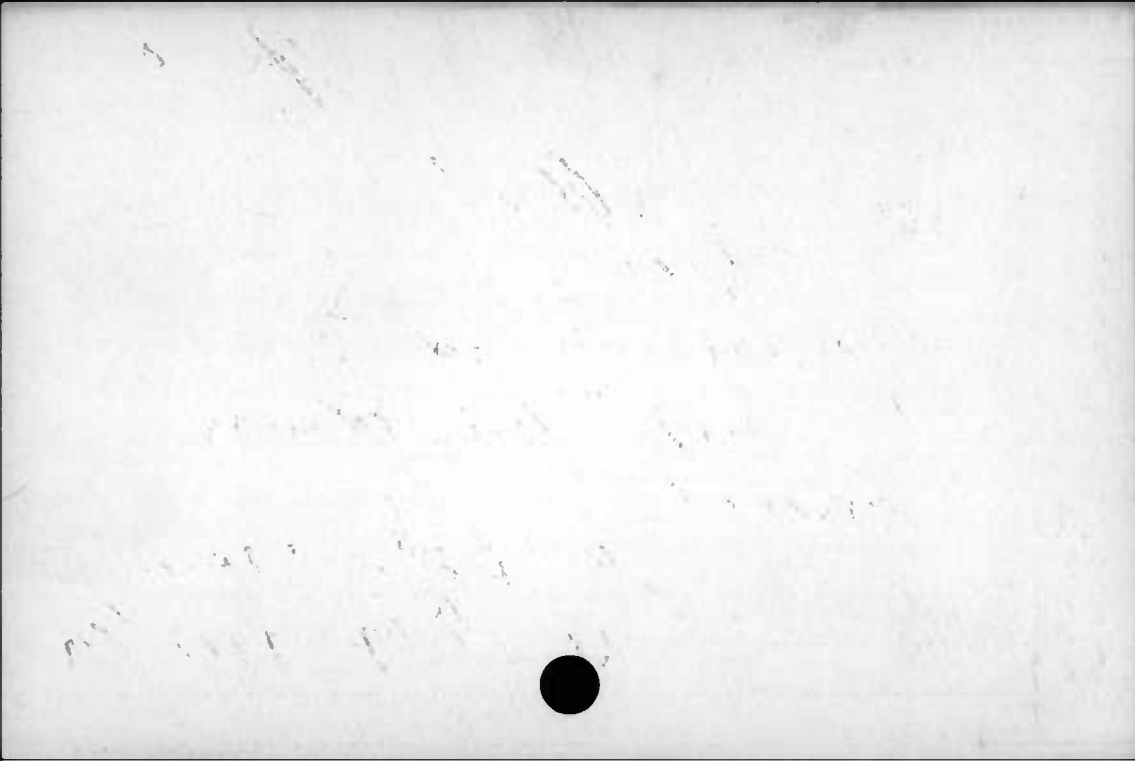
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Yine Bay</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death 190 <u>5</u>	<u>Sep</u> <small>Month</small>	<u>21</u> <small>Day</small>	Age <u>      </u> <small>Years</small>	<u>      </u> <small>Months</small>	<u>15</u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>near Yine Bay</u>		
Married, Single or Widowed <u>      </u>			Occupation <u>      </u>		
Name of Wife or Husband <u>Aaron Werner</u>					
Father's Name <u>Aaron Werner</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Annie Bierming</u>			Mother's Birthplace <u>Wisconsin</u>		
Name of person giving information <u>Annie Bierming</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>jaundice</u>	How long <u>4 days</u>
Immediate <u>convulsions</u>	How long <u>2 "</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. R. Albargh</u>
	Address <u>Blum Rock</u>
	<u>R. F. D #1, Pa.</u>
Accident or Suicide?	



Name  
in  
Full

Viola Whitmore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>Sept</i> Day <i>23</i>	Age	<i>26</i> Years	Months <i>—</i>	Days <i>13</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Teacher</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Emanuel Whitmore</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Alice Stiteley</i>			Mother's Birthplace	<i>Do</i>
Name of person giving information	<i>Emanuel L Whitmore</i>			How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infected Mural (Septicemia)</i>	How long	<i>1 week</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 day</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Geo. J. Haring*  
*Hartwood*  
*MD*

Shaver  
Westminster Church

Name  
in  
Full

Marcellus Williams

## CERTIFICATE OF DEATH

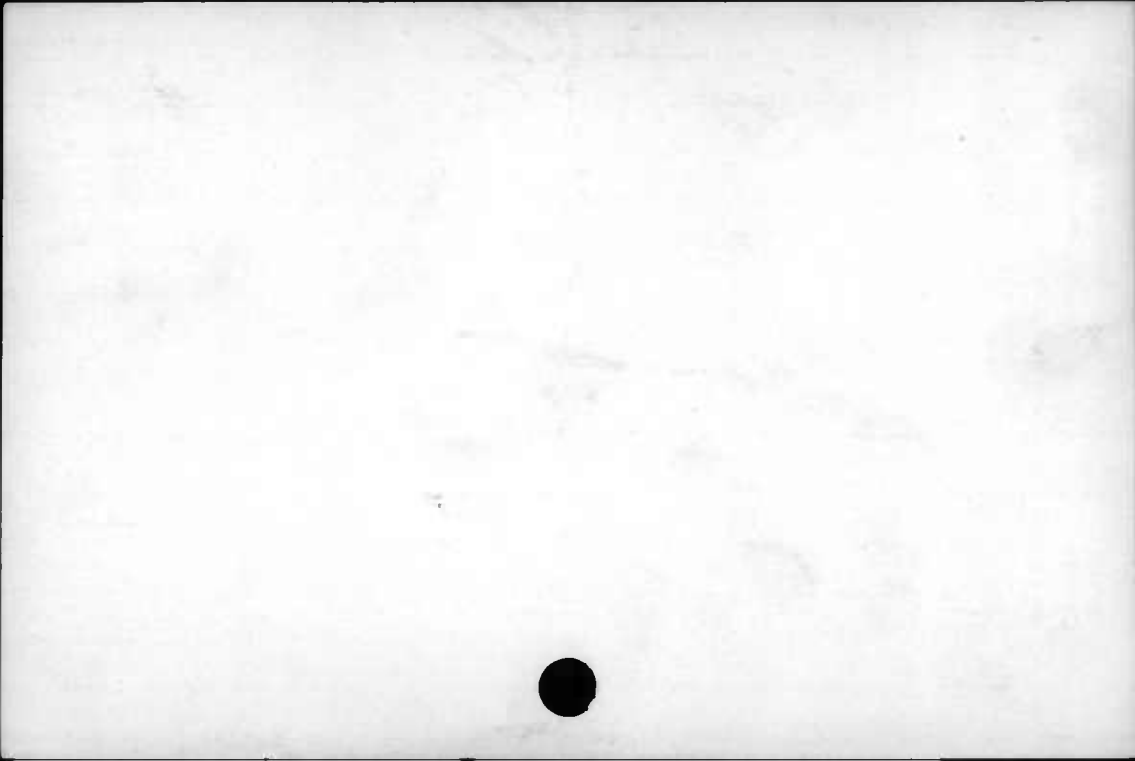
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County	
Date of death <i>1905</i>		Month <i>Sept</i>	Day <i>26</i>	Age <i>5-3</i>	Years
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>Fireman</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Williams</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Hospital records</i>		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dementia</i>	How long <i>17 yrs</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>6 mths</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Clark</i>
	Address <i>Sparksville Md</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>Sept.</i> <sup>Month</sup>	<i>28</i> <sup>Day</sup>	<i>28</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Westminster</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Levin Woodward</i>			Father's Birthplace <i>Westminster, Md.</i>		
Mother's Maiden Name <i>Phoebe H. Neidig</i>			Mother's Birthplace <i>Frederick, Md.</i>		
Name of person giving information <i>Levin Woodward</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	How long <i>15</i>	<i>7</i> <sup>hours</sup>
Immediate <i>"</i>	How long <i>7</i>	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. Woodward M.D.</i>	
	Address <i>Westminster, Md.</i>	
Accident or Suicide? <i>—</i>		

Harriet  
Madow Branch

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

David Washington Young

Town

County

Died at

Manchester

Barroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

8

20

Age

26

7

28

Sex

male

Color or  
Race

white

Birth-  
place

Barroll Md

Occupation

laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Mary M Young

Father's  
Name

John Young

Father's  
Birthplace

Barroll Md

Mother's  
Maiden Name

Rachel Youngling

Mother's  
Birthplace

" " "

Name of person giving  
In formation

Susan R Bixler

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Gangrene

How long

Four months

Immediate

General debility

How long

L

Are the name, age, sex, color, date  
and place correctly given above?

yes

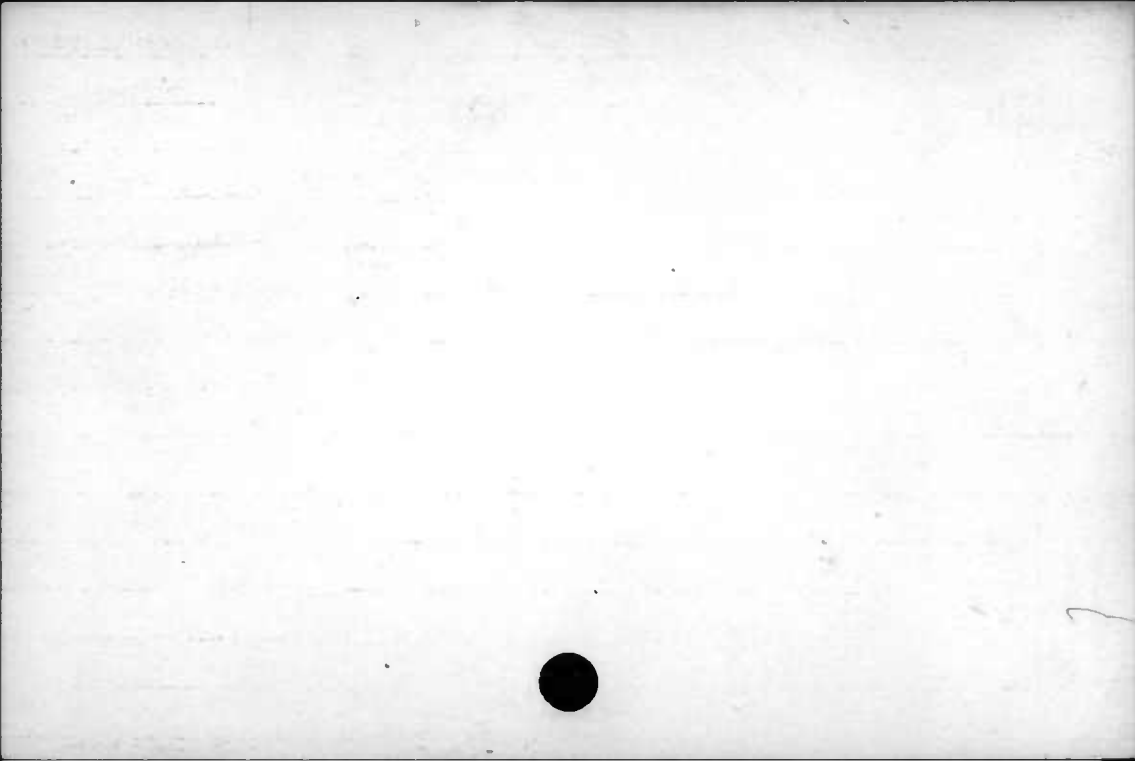
Signature of  
Physician

Address

J. H. Presti M.D.  
Manchester

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary E. Young,

## CERTIFICATE OF DEATH

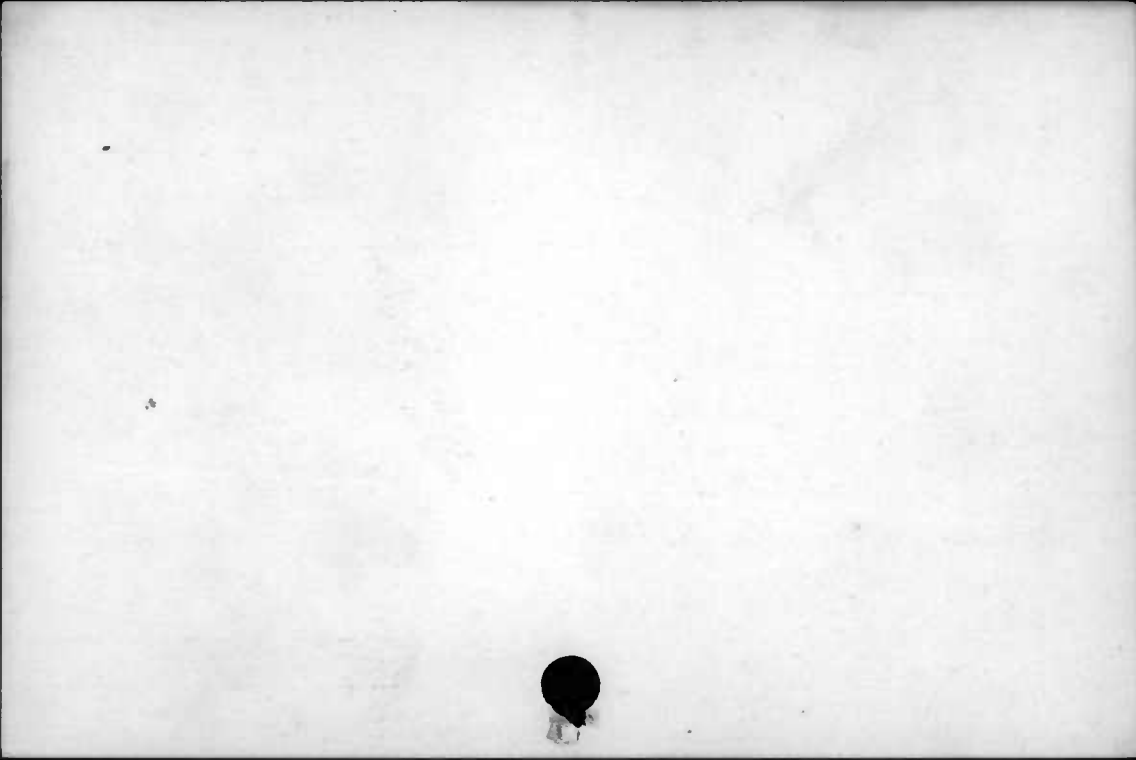
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sykesville</u> <sup>Town</sup> <u>Md.</u> <sup>County</sup> <u>Carroll</u>		MARYLAND	
Date of death <u>190</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>20<sup>th</sup></u> <sup>Years</sup> <u>71</u>	<sup>Months</sup> <u>-</u> <sup>Days</sup> <u>-</u>		
Sex <u>Female</u> Color or Race <u>White</u>	Birth-place <u>Mary land.</u>		
Occupation <u>Housewife -</u>	Where Residing if not at place of death <u>-</u>		
<del>Married</del> <u>Widowed</u>	Name of Wife or Husband <u>Reuben W. Young.</u>		
Father's Name <u>Thomas Owen</u>	Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Matilda Soloborough.</u>	Mother's Birthplace <u>Md.</u>		
Name of person giving information	How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senile Dementia</u>	How long <u>154</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Charles J. Hill</u>
	Address <u>Springfield State Hosp.</u>
Accident or Suicide? <u>No -</u>	<u>Sykesville Md.</u>



Name

in  
Full

Oscar Klee Gentry

## CERTIFICATE OF DEATH

Died at *Ganther* TownCounty *Carroll*

MARYLAND

Date of death *1908* Month *Sept*Day *11*

Age

Years

Months *5*Days *23*Sex *Male*

Color or Race

*White*

Birth-place

*Ind*

Occupation

Where Residing if not at place of death

~~Married~~ Single or Widowed

Name of Wife or Husband

Father's Name

*Fred. O Gentry*

Father's Birthplace

*Ind*

Mother's Maiden Name

*Keturah W. Griffeer*

Mother's Birthplace

*Ind*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*Intestinal Catarrh*

How long

*1 month*

Immediate

*Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*D. S. M. Gentry*

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Shamus

Garner